

LEAVE OF ABSENCE REQUEST FORM

Please be advised that the Department for Education have advised schools to only authorise leave of absence/holidays in exceptional circumstances, hence School will not approve any absence in term time, except in such circumstances. Please complete the section below and return to school at least one month before the requested absence. School will endeavour to respond to your request within 5 working days. If approved your child will be expected to collect and complete all missed work. Please note that taking your child away during the school term is detrimental to educational progress.

Please be aware that if holidays are taken without approval, this information will be passed to our Education Welfare Officer and a Penalty Notice may be issued without further warning. Payment of a Penalty Notice within 21 days is £60 per parent / carer per child, between 22 and 28 days it is £120. Penalty notices are issued to each parent per child. More details on the Wokingham Council website or from the Education Welfare Service. If the fine is not paid the matter will be taken to court.

Pupil's name.....Year

Reason for absence in term time. (This must be completed) If the absence is for religious observance, please include the name and contact details of your place of worship.

Absence Period from (1st day of absence).....to (return date to school).....

Number of school days to be missed

Sibling details Name(s) / School(s)

Signature of Parent(s) / Carer(s)..... Date.....

Name of Parent(s) / Carer(s)

School use only

Attendance% Unauthorised absence% Authorised absence.....%

Previous Year's Attendance.....% Has holiday already been taken this school year? Yes / No

School Response

Your request for leave of absence has been considered and has / has not been approved.

Signed:..... Date:..... Name:.....